

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2012</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).)</i>		Docket Number (Optional) 033082 M 343
Application Number    10/591,476		Filed    September 1, 2006
For    COPPER FILM DEPOSITION METHOD		
Art Unit    1715		Examiner    Mandy C. Louie

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$150	\$75	\$150.
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$560	\$280	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1270	\$635	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1980	\$990	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2690	\$1345	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4300. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 32,263

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_.

<u>/Michael A. Makuch/</u> Signature Michael A. Makuch	November 11, 2011 Date (202) 263-4300
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.